## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

**Facility Name: TAKODAH HOUSE (410114)** 

Address: W5021 TAKODAH DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 01/01/1988

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey	History

Survey ID: 0095788 End Date: 10/10/2005 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094002 End Date: 01/12/2005 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093274 End Date: 08/30/2004 Type: ABBREVIATED Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007017 Served 09/07/2004

Compliance

Deficiencies Cited<br/>83.51(3)(a)Subject Area<br/>SMOKE SEPARATIONVerified<br/>01/12/2005Corrected<br/>Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 07/25/2005 Date Investigation Completed: 10/10/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED

Date Complaint Received: 09/01/2004 Date Investigation Completed: 01/12/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED